

Utah State Library
Program for the Blind and Disabled
250 N 1950 W, Suite A
Salt Lake City, UT 84116-7901
#801-715-6789

Volunteer Application

Date: _____

Name _____ Birthday (Month & Day) _____

Street Address _____

City _____ State UT Zip Code _____

Phone: Home _____ Work _____

Cell _____ E-Mail: _____

Occupation _____

Years of Education (Please circle) High School, College, Graduate

Degree _____

Emergency Contact & Telephone Number: _____

Areas of Interest or Special Training (i.e., foreign language, drama, electronics, etc):

Have you had any other volunteer experience? If so, where? _____

How did you learn about our service? _____

What was the last book you read? _____

What magazines, and/or newspapers do you have a subscription to? _____

Please check when you are available to volunteer

	7	8	9	10	11	12	1	2	3	4	5
Monday											
Tuesday											
Wednesday											
Thursday											

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☐ I agree to have my name and telephone number shared with other volunteers at the Utah State Library.
(Please check box)

Signature

Date

Please print and mail to:

Utah State Library
Attn: James Shulfer
250 N 1950 E, Suite A
Salt Lake City, UT 84116-7901